

CAMS CERTIFICATION APPLICATION

Complete only steps 1 and 6 and then move to page 8, eligibility form.

STEP 1 Contact Information

Prefix (Mr. Mrs. Ms.) First Name		Middle Initial	Last Name
Title		Company	Industry
Mailing Address 1 (No P. O. Boxes, please)			
City	State/Province	Zip/Postal Code	Country
Phone	Alternate Phone	Fax	
Email		Alternate Email	

You don't have to fill in Steps 2 to 5 as the fees are paid by the House of Training.

STEP 2 Membership Information

In order to sit for the CAMS examination you must be an active ACAMS member in good standing.

Are you currently an ACAMS member?

Yes ____ Please provide your member number _____

No ____ Please choose your membership level below:

The membership fee at a special rate will be included in your invoice from the House of Training.

Membership Category	1 year	2 years	3 years
Private rate	<input type="checkbox"/> \$295	<input type="checkbox"/> \$530	<input type="checkbox"/> \$750
Public rate	<input type="checkbox"/> \$195	<input type="checkbox"/> \$325	<input type="checkbox"/> \$450

STEP 3 Choose your CAMS Certification Package

The certification package at a preferential fee is mostly subsidized by the Fund to Fight Drug Trafficking Luxembourg. Don't make any payments to ACAMS, house of Training will pay them directly

CAMS Package with Virtual Classroom Option

Includes the Electronic CAMS Study Guide, Online Preparation Course, CAMS Virtual Classroom and CAMS Examination

Private rate	<input type="checkbox"/> \$1,880
Public rate	<input type="checkbox"/> \$1,540

Standard CAMS Package (without Virtual Classroom)

Includes the Electronic CAMS Study Guide, Online Preparation Course and CAMS Examination

Private rate	<input type="checkbox"/> \$1,495
Public rate	<input type="checkbox"/> \$1,145

STEP 4 Certification Language

Certification Language Preference (please check one)

- English Spanish Chinese Arabic Japanese

The only language available in the frame of this seminar and testing session is ENGLISH

STEP 5 Payment Method

Already Paid

- I have already paid the CAMS fee. Order number: _____

Check

- Enclosed check payable to **ACAMS**

Don't make any payments to ACAMS. The only payment you must honor is of the participation fees that the House of Training will invoice you if you are selected to attend.

Wire

- Send wire transfer to:

Comerica Bank San Jose, CA
Routing number: 121137522
Account number: 1894064128
SWIFT Code: MNBDUS33

Invoice

- Invoice me

Please send a copy of the invoice to _____ (Email)

Note

You can contact us at +1.305.373.0020 or +1.866.459.CAMS (toll free) if you need assistance paying by phone.

Important: Your CAMS fee must be paid in full in order to gain access to the study materials and exam.

This is the name that will be printed in the CAMS certificate and the address to which it will be mailed.

STEP 6 CAMS Certificate Name and Mailing Address

Certificate Name

Mailing Address 1 (No P. O. Boxes, please)

City

State/Province

Zip/Postal Code

Country

ELIGIBILITY FORM

Please add the number of credits you are entitled to. Remember to add them up at the end and fill in the field "your total # of credits".

Candidates who wish to take the CAMS Examination must have a minimum of 40 qualifying credits based on education, other professional certification, and professional experience in the anti-money laundering field, in addition to providing 3 references. The following table represents the ACAMS credit award system for examination eligibility:

I. EDUCATION

**Select highest level of education*

Associate Degree	10 credits _____
Bachelor's Degree	20 credits _____
Masters Degree/PhD/JD or Equivalent	30 credits _____

Supporting documentation must accompany information submitted.

II. PROFESSIONAL EXPERIENCE

Each year of full-time experience in anti-money laundering or related duties in a financial institution. Professional experience is limited to 3 years.

***complete the Professional Experience Section on the next page*

10 credits/year _____

III. TRAINING

Professional Certification (*Financial Related*) — (CPA, CPP, CRCM, CFE, CPE, CIA, CA/AML, FINRA Series, etc.)***

Any certification program must include a minimum of eight (8) hours of instruction and a certification exam.

*****provide copies of certificate(s) and proof of valid membership in good standing*

10 credits/certification _____

ACCA Membership (*Chartered Certified Accountant*)

ACCA Membership includes completion of the ACCA Qualification Exams, Professional Ethics Module and Practical Experience Requirements.

*****provide copies of Professional Level Certificate and proof of valid membership in good standing*

30 credits _____

Attendance at a course/seminar/web seminar/conference/educational and or training session on the topic of money laundering control and/or related subjects – (Includes internal and external training, training by a government agency, completion of the American Bankers Association Compliance or Graduate School or your country's equivalent.)

*****provide copy of certificate(s) of attendance or receipt of payment from entity conducting training)*

1 credit per hour _____

Your Total # of Credits _____ (at least 40 are required)

** Only one degree may be used toward the 40 qualifying credits for the CAMS examination.*

*** The Professional Experience Section may be found on the next page.*

**** Please note, these credits are in recognition of the AML/Financial Fraud portion of the FINRA certification training. As such, you will only earn a maximum of 10 credits regardless of the number of FINRA licenses you possess.*

***** Supporting documentation (if necessary accompanied by a translation in English) must accompany information submitted to meet minimum credit criteria in order to sit for the CAMS Examination (i.e., copies of degree, certificates of completion). Please submit all required documentation with your completed application and fee.*

PROFESSIONAL EXPERIENCE

TO BE FILLED IN ONLY FOR THOSE CANDIDATES WHO CLAIM CREDITS FOR EACH YEAR OF PROFESSIONAL EXPERIENCE IN THE AML FIELD:

(Use space provided and attach additional pages if necessary.)

Dates of Employment:	From (Mo./Yr.)	To (Mo./Yr.)
Name of Employer:	Industry:	
Address:	Country:	
Position/Title:	Total Months in this Assignment:	
Name & Title of Immediate Supervisor:	Business Telephone of Immediate Supervisor:	
Summary of Work Assignment (Do not use this space merely to refer to an attachment):		
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Dates of Employment:	From (Mo./Yr.)	To (Mo./Yr.)
Name of Employer:	Industry:	
Address:	Country:	
Position/Title:	Total Months in this Assignment:	
Name & Title of Immediate Supervisor:	Business Telephone of Immediate Supervisor:	
Summary of Work Assignment (Do not use this space merely to refer to an attachment):		
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Dates of Employment:	From (Mo./Yr.)	To (Mo./Yr.)
Name of Employer:	Industry:	
Address:	Country:	
Position/Title:	Total Months in this Assignment:	
Name & Title of Immediate Supervisor:	Business Telephone of Immediate Supervisor:	
Summary of Work Assignment (Do not use this space merely to refer to an attachment):		
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PROFESSIONAL REFERENCES

Required for all candidates

Professional references must be individuals who have knowledge of your AML expertise and/or current position and the degree of responsibility held in the performance of your job. You should not use anyone as a reference who falls under your supervision. Do not use your own relatives, or members of the ACAMS staff as references.

(Please note: all 3 references are REQUIRED.)

REFERENCE 1:

Name & Title:

Professional Relationship:

Company Name

Country/State/City/Province

Telephone

Home

Business (Select one)

How long known

E-mail:

ACAMS Member: Yes No

Certified Anti-Money Laundering Specialist® (CAMS): Yes No

REFERENCE 2:

Name & Title:

Professional Relationship:

Company Name

Country/State/City/Province

Telephone

Home

Business (Select one)

How long known

E-mail:

ACAMS Member: Yes No

Certified Anti-Money Laundering Specialist® (CAMS): Yes No

REFERENCE 3:

Name & Title:

Professional Relationship:

Company Name

Country/State/City/Province

Telephone

Home

Business (Select one)

How long known

E-mail:

ACAMS Member: Yes No

Certified Anti-Money Laundering Specialist® (CAMS): Yes No

CAMS EXAM CHECKLIST

Please sign the form at the bottom of this page. Non-signed forms will not be eligible.

Did You Remember ...

- To complete the eligibility table?**
(Candidates wishing to sit for the CAMS Examination must have a minimum of 40 qualifying points)
- To include supporting documentation, such as copies of diplomas?**
- To order official college transcripts, if required?**
- To complete the professional experience section?**
(Only for candidates who claim credits for each year of professional experience within the anti- money laundering field)
- To include payment with application?**
- To include 3 professional references?**
- To include your signature and date on the application?**

Affidavit

I certify that I have read and agree to the terms and conditions set forth in the Candidate Handbook and application. I certify that the information submitted in this application is complete and correct to the best of my knowledge and belief. I understand that, if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected, my examination results may be delayed or voided, not released, or invalidated by ACAMS, or if already certified, the "Certified Anti-Money Laundering Specialist®" designation may be revoked.

I certify that I have never been convicted of a felony (or in a military service convicted by a general court martial) and that there is no criminal charge now pending against me. I certify that I have never had a professional membership, license, registration or certification denied, suspended or revoked (other than for lack of minimum qualifications or failure of examination), and that I have never been censured or disciplined by any professional body or organization.

I understand that approval of my application is contingent upon the results of a possible investigation of the truthfulness and accuracy of all information I have provided. I authorize ACAMS, Kryterion and its agents to discuss the results of such a review with all persons involved in the certification process. I give consent for all contacted persons to provide information concerning me and/or my application, and I release each such person from liability for providing information to ACAMS, Kryterion and its agents. I understand that any false or misleading statement, misrepresentation, or concealment or material omission of the information I have provided or failed to provide on my application and attachments may be grounds for rejection of my application.

Signature

Date: Day/Month/Year

Mail completed application AND supporting documentation (copies of diplomas etc.) to demonstrate the 40 credits to:

House of Training
to the attention of Mrs Luciele Milani
luciele.milani@houseoftraining.lu

QUESTIONS?

Call: +1. 305.373.0020

E-mail: certification@acams.org

Visit: www.acams.org